



THE KAW NATION AMERICAN RESCUE PLAN ACT COVID-19 Small Business Support Grant APPLICATION

Overview:

The Kaw Nation recognizes the economic significance of tribal member-owned small businesses on the local economy. The COVID-19 pandemic has caused economic hardship across many industries, and small businesses have felt the impact of this. The purpose of this grant is to provide a lifeline to small businesses to allow them to stay open and viable during the COVID-19 pandemic. In addition to small businesses, farmers and ranchers will also fall under the purview of this grant. The COVID-19 Small Business Support Grant will be funded by the American Rescue Plan Act.

The COVID-19 Small Business Support Grant is not taxable to the tribal member-owned business per the Tribal General Welfare Exclusion Act (2014). The Kaw Nation aims to ensure our community has support during the COVID-19 pandemic. This grant will provide financial assistance in the amount of 10% of the business's reported gross income for 2019, not to exceed \$20,000. Eligible applicants must be members of the Kaw Nation who own at least 51% of a business or business owned jointly by a married couple as shown on joint tax return with one owner being a Tribal Member. All applications will be processed in a first-come, first-served basis until December 31, 2022. All information submitted with this application will be confidential, and all personal information will be secured from unauthorized access, use, or disclosure.

Eligibility:

To qualify for the Kaw Nation's COVID-19 Small Business Grant, the applicant must; 1) own a private, for-profit business, 2) be an enrolled member of the Kaw Nation, 3) be the owner of at least 51% of the business or owned jointly by a married couple as shown on joint tax return with one owner being a Tribal Member, 4) own a business with fewer than five-hundred (500) employees, including sole proprietors and contractors, and 5) business was in operation as of 2019 or earlier.

If the applicant does not fit into each of these five categories, they are ineligible for the Kaw Nation's COVID-19 Small Business Grant.

Application Requirements:

A successful application for the Kaw Nation's COVID-19 Small Business Support Grant will include the following documents:

1. Fully completed Kaw Nation COVID-19 Small Business Support Grant application.
2. Enrollment ID or Certificate of Indian Birth (CIB) of the applicant.
3. Proof of at least 51% business ownership or jointly filed tax return for the business of married couple with one owner being a Tribal Member.
4. 2019 Gross Income Verification-- Schedule C Tax Form or Schedule F Tax Form

Applications must be submitted to the attention of the ARPA Coordinator by December 31, 2022. They can be emailed to slandsberry@kawnation.com or mail to: Kaw Nation Drawer 50, Kaw City, OK 74641.

Applicant Information

Applicant Full Name:						
Date of Birth:		Enrollment Number:				
Phone Number:		Email Address:				
Business Name:		Business Tax Identification Number (TIN) or Social Security Number (SSN) if sole proprietor or EIN:				
Business Mailing Address:						
Legal Status of Business:	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation <small>Please include articles of Incorporation with this application.</small>
Grant Amount Applying For:	<i>10% of the business's 2019 Gross Income per Schedule C/Schedule F tax forms, not to exceed \$20,000.</i>					
Briefly Describe the Nature of this Business:						

In what way(s) has your small-business or farm/ranch been negatively impacted by the COVID-19 pandemic?

Application Checklist				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully Completed Kaw Nation COVID-19 Small Business Grant Application	Proof of Kaw Nation Enrollment	Proof of at least 51% ownership of small business/farm/ranch	Copy of Schedule C OR Schedule F Tax Form	Articles of Incorporation <i>(Corporation Business Applicants Only)</i>

Application Review Information:

1. The Tribe shall review and respond to a funding application as soon as is practicable. The Tribe may request any additional information or documentation from the applicant that the Tribe deems necessary to determine whether the applicant is eligible to receive funding.
2. It is within the Tribe’s discretion to accept or deny an application for Plan funding. An application for funding shall not be unreasonably denied.
3. If the Tribe denies an application for funding, the Tribe shall provide the applicant with a written explanation for the reason(s) for denial. If the Tribe accepts an application for funding, the Tribe shall provide the applicant with a check for the appropriate amount of funding and a brief written explanation of how the Tribe calculated the funding amount.
4. Review of applications. The Applications shall be reviewed by the Tribal Council, or designee.
5. Prohibition on Multiple Applications: No entity or individual may submit more than one application under this Plan. If an individual is a 50% or less owner of a business entity, an application by the business entity will not be considered an application from the individual unless owned jointly with spouse and one owner is a Tribal Member.

Disclaimer and Disclosure:

By signing below, I hereby certify that I have met the requirements for the Kaw Nation’s COVID-19 Small Business Grant. The information submitted in this application form is true and correct to the best of my knowledge. I agree that misuse of funding may result in the following actions: legal action against the entity in Tribal Court; the requirement of the entity to repay up to the entire amount received to Kaw Nation; and/or a forfeiture of up to \$500 amount payable to the Tribe.

For Official Use Only

Date received by the Tribe:

Tribal enrollment verified? Yes No

Date Verified:

Supporting Documentation provided: Yes No

Approved?

Amount:

Check #:

Date Check Mailed:

Denied Program(s) and why:

Approval/Denial Letter sent: Yes No

Date Mailed:

Signature: _____ Date: _____